



10-14-03

T2180-906495  
PATENT

3626

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Benson et al. :  
Serial No.: 09/645,928 : Art Unit: 3626  
Filed: August 25, 2000 : Examiner: Kim T. Bui  
For: INSURANCE POLICY :  
RENEWAL METHOD AND  
SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
OCT 21 2003  
**GROUP 3600**

TRANSMITTAL

- Transmitted herewith is:  
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated April 10, 2003 (26 pgs.); Return post card

STATUS

- Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

**Express Mail No. EV339989076US**

**Date: October 10, 2003**

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

10/20/2003 MBIZUNES 00000134 012384 09645928  
01 FC:1253 950.00 DA

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within:                  | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month            | \$ 110.00                      | \$ 55.00                            |
| <input type="checkbox"/> second month           | \$ 420.00                      | \$ 210.00                           |
| <input checked="" type="checkbox"/> third month | \$ 950.00                      | \$ 475.00                           |
| <input type="checkbox"/> fourth month           | \$1,480.00                     | \$ 740.00                           |
| <input type="checkbox"/> fifth month            | \$2,010.00                     | \$ 1,005.00                         |

Fee Due \$ 950.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 950.00.

### OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|---|---|-------|---|------------------------------|--|----|--|
| TOTAL                                       | 32  | MINUS | 20  | =12                          | x \$9 = \$                             |    | x \$18 = \$216.00                                    |
| INDEP.                                      | .5  | MINUS | 4   | = 1                          | x \$42 = \$                            |    | x \$84 = \$ 84.00                                    |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |   |                              | + \$140 = \$                           |    | + \$280 = \$   |
|   |   |       |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE \$300.00                     |

- (a) ☐ No additional fee for Claims is required

**OR**

- (b) ☒ Total additional fee for claims required \$ 300.00

**FEE PAYMENT**

5.          Attached is a check in the sum of \$

- ☒ Charge Deposit Account No. 01-2384 the sum of \$1,250.00.  
A duplicate of this transmittal is attached.

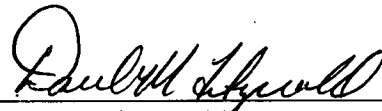
**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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Applicant: Benson et al.

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SYSTEM



Art Unit: 3626

Examiner: Kim T. Bui

**AMENDMENT**

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to the Office Action dated April 10, 2003, please amend the above-identified patent application as follows:

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02 FC:1202 216.00 DA  
03 FC:1201 86.00 DA